

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
5		27					55				
6		27					56				
7		27					57				
8	1	27					58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37		1					87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	310						TOTAL DEP.				
TOTAL CLAIMS	316						TOTAL CLAIMS				

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1							51						
2							52						
3							53						
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5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
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14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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25							75						
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29							79						
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31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37		24					87						
38		24					88						
39		24					89						
40		1					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	←		←		←		TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS						